

Skagit Alpine Club

Student Registration for Basic Mountaineering Course

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Date of Birth: _____

Sex: Male / Female (circle one)

Name of Emergency Contact Person: _____

Relationship: _____

Day and Night Phone #s: _____

Describe your current physical fitness and level of activity: _____

Do you have any medical conditions? Yes / No (circle one)

If so, please explain: _____

Do you have any allergies? Yes / No (circle one)

If so, please explain: _____

Are you taking any medication? Yes / No (circle one)

If so, please explain: _____

Do you have any dietary restrictions? Yes / No (circle one)

If so, please explain: _____

PERSONAL MEDICAL INSURANCE IS REQUIRED TO TAKE THIS COURSE

Are you currently insured? Yes / No (circle one)

If so, please provide the following insurance information:

Insurance Provider: _____

Policyholder: _____
Relation to self: _____

I certify that the above information is accurate and true to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____